



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:59 am, Feb 10, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

| | | |
|---|---|----------------------------------|
| DATAMASTER SN 940061 | NAME OF AGENCY Moberly Police Department | DATE OF INSPECTION 02/10/2014 |
| LOCATION OF INSTRUMENT (STREET AND CITY) 300 N Clark St. Moberly, Mo 65270 | | TIME OF INSPECTION 0:25 am |

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

| | |
|---|---|
| <input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED) | DATE AND TIME (from printout) 02/10/2014 00:29 |
| <input checked="" type="checkbox"/> COMPUTER | <input checked="" type="checkbox"/> DETECTOR |
| <input checked="" type="checkbox"/> PROGRAM | <input checked="" type="checkbox"/> FILTERS |
| <input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C | <input checked="" type="checkbox"/> QUARTZ STANDARD |
| <input checked="" type="checkbox"/> FLOW DETECTOR | <input checked="" type="checkbox"/> CALIBRATION |
| <input checked="" type="checkbox"/> PUMP HIGH SPEED | <input checked="" type="checkbox"/> PRINTER |
| <input checked="" type="checkbox"/> INDICATOR LIGHTS | |
| <input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories LOT # 13100 EXP. DATE 04/23/2015 | |
| <input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN SD1500 EXP. DATE 08/02/2014 | |
| <input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) | |
| Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) | |
| <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE | |
| <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE | |
| <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE | |

| | | |
|-------------|-------------|-------------|
| TEST 1 .101 | TEST 2 .101 | TEST 3 .101 |
|-------------|-------------|-------------|

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

| | | | | | | | | | | | |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|
| REFUSALS | 0 | (0-.04) | 1 | (.05-.09) | 1 | (.10-.14) | 1 | (.15-.19) | 3 | OVER .19 | 1 |
|----------|---|---------|---|-----------|---|-----------|---|-----------|---|----------|---|

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS
(USE OTHER SIDE IF NECESSARY).

None

INSPECTING OFFICER

| | |
|--|-------------------------------------|
| SIGNATURE <i>Michael C Hollis</i> | PRINT FULL NAME Michael C Hollis |
| TYPE II PERMIT NUMBER/EXPIRATION DATE 220125 05/29/2014 | TELEPHONE NUMBER (660) 263-0346 |

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Blvd.
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-584-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on April 29, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1214% (w/vol) ethyl alcohol. The expiration date for this lot number is April 23, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
MODERLY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940061
02/10/14
00:29

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS
SAMPLE CHAMBER: 4.9c

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~

Operator Signature

Michele J. Hill

2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
MODERLY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940061
02/10/14

TESTING OFFICER:

HOLLIS/M/C

OFFICER I.D.: 234

PERMIT NUMBER: 228125

EXPIRATION DATE: 05/29/14

MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

| | | |
|-------------------|----------|-------|
| BLANK TEST | .000 | 00:25 |
| INTERNAL STANDARD | VERIFIED | 00:25 |
| EXTERNAL STANDARD | .101 | 00:25 |
| BLANK TEST | .000 | 00:26 |
| EXTERNAL STANDARD | .101 | 00:27 |
| BLANK TEST | .000 | 00:27 |
| EXTERNAL STANDARD | .101 | 00:28 |
| BLANK TEST | .000 | 00:28 |

N = 3

SIM. = .1

AVG. = .101

Operator Signature

Michele J. Hill

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MODERLY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940061
02/10/14

ARREST TIME: 00:01
SUBJECT NAME:
RFI/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/09
ARRESTING OFFICER:
NA
OFFICER I.D.:
TESTING OFFICER:
HOLLIS/M/C
OFFICER I.D.: 234
PERMIT NUMBER: 220125
EXPIRATION DATE: 05/29/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|-------------------------------------|----------|-------|
| <input type="checkbox"/> BLANK TEST | .000 | 00:33 |
| INTERNAL STANDARD | VERIFIED | 00:33 |
| RADIO INTERFERENCE | | |

Operator Signature

Mohr

2208-02

Face This Side Down - This Edge In First

BAC DataMaster
Evidence Ticket

STATE OF MISSOURI
MODERLY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940061
02/10/14

ARREST TIME: 00:01
SUBJECT NAME:
BLANK/TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/09
ARRESTING OFFICER:
NA
OFFICER I.D.:
TESTING OFFICER:
HOLLIS/M/C
OFFICER I.D.: 234
PERMIT NUMBER: 220125
EXPIRATION DATE: 05/29/14
MISCELLANEOUS DATA:

--- BREATH ANALYSIS ---

| | | |
|-------------------------------------|----------|-------|
| <input type="checkbox"/> BLANK TEST | .000 | 00:33 |
| INTERNAL STANDARD | VERIFIED | 00:33 |
| SUBJECT SAMPLE | .000 | 00:33 |
| BLANK TEST | .000 | 00:33 |

Operator Signature

Mohr